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APPLICANTS

RASSOLL RASHIDI, CLEVELAND, OH;

**** CONTINUING DATA *******

This application is a CIP of 08/880,080 06/20/1997 PAT 5,861,024

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ****

** 02/08/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 43	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

Verified and Acknowledged Examiner's Signature Initials

ADDRESS

TIMOTHY E. NAUMAN
 FAY, SHARPE, FAGAN
 MINNICH & MCKEE, LLP
 1100 SUPERIOR AVENUE, 7TH FLOOR
 CLEVELAND, OH 44114-2518

TITLE

ELECTROPHYSIOLOGY/ABLATION CATHETER AND REMOTE ACTUATOR THEREFOR

FILING FEE RECEIVED 638	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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